

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Municipal Formown CLERK'S OFFICE

Office of Campaign and Political Finance

Total Control of the	2022 IAN LO DM 1. 20	
Commonweaith of Massachusetts	2022 JAN 18 PM 1: 38	
	File with: City or Town Clerk or	Election Commission
Fill in Reporting Period dates: Beginning Date: Jan	1, 2021 Ending Date: Dec 31, 2021	
	RECEIVED.	
Type of Report: (Check one)	The Dear Dear	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐	dissolution
Paul Schlichtman	Committee to Elect Paul Schlichtman	7777 S
Candidate Full Name (if applicable)	Committee Name	N- (0 100
School Committee, Arlington	Camilla B. Haase	
Office Sought and District	Name of Committee Treasurer	
47 Mystic St., Apt. 8C, Arlington, MA 02474	88 Park Ave., Apt. 401, Arlington, MA 02476	
Residential Address	Committee Mailing Address	***************************************
E-mail: paul@schlichtman.org	E-mail: c.haase@comcast.net	
Phone # (optional):	Phone # (optional):	
SUMMARY BALAN	CE INFORMATION:	
Line 1: Ending Balance from previous report	587.07	
Line 2: Total receipts this period (page 3, line 1	1) 228.05	
Line 3: Subtotal (line 1 plus line 2)	815.12	
Line 4: Total expenditures this period (page 5,	ine 14) 682.04	
Line 5: Ending Balance (line 3 minus line 4)	133.08	
Line 6: Total in-kind contributions this period (page 6) 0	
Line 7: Total (all) outstanding liabilities (page 7) 6,658.05	
Line 8: Name of bank(s) used: Leader Bank		
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the b activity, including all contributions, loans, receipts, expenditures, disbursements, in-kir finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 Candidate with Committee I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report. Candidate without Committee	d contributions and liabilities for this reporting period and represents the naccordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 14.3 box only) the best of my knowledge and belief, a true and complete statement of a accordance with the requirements of M.G.L. c. 55. I have not received any period that are not otherwise disclosed in this report.	all campaign finance any contributions,
	he best of my knowledge and belief, a true and complete statement of a	all campaign presents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required) Amount		(for contributions of \$200 or more)	
			(22 22 22 22 22 22 22 22 22 22 22 22 22	
4/13/21	Paul Schlichtman 47 Mystic St., Apt. 8C Arlington, MA 02474	228.05	Retired	
	,			
ine 9: Total Rece	ipts over \$50 (or listed above)	228.05		
ine 10: Total Rece	eipts \$50 and under* (not listed above)	0		
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	228.05	← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
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ne 9: Total Receipt	s over \$50 (or listed above)			
ne 10: Total Receip	ts \$50 and under* (not listed above)			
ne 11. TOTAL DE	CEIPTS IN THE PERIOD			
	eceints of \$50 and under include them in line	L	← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.) To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
4/13/2021	Paul Schlichtman	47 Mystic St., Apt. 8C Arlington, MA 02474	Reimbursement for postcards	682.04	
		Line 12: Total Expenditures o	ver \$50 (or listed above)	682.04	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	0	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	682.04	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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	Li	ne 12: Expenditures over \$50	(or listed above)	
	 	ne 13: Expenditures \$50 and a	L	
	 			
	Enter on page 1, line 4 → Li	ne 14: TOTAL EXPENDIT	URES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			The state of the s	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well -as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	rurpose	Amount
4/1/2013	Paul Schlichtman	47 Mystic St., Apt. 8C Arlington, MA 02474	Loan to Campaign	630
5/26/2020	Paul Schlichtman	47 Mystic St., Apt. 8C Arlington, MA 02474	Loan to Campaign	5,800
4/13/2021	Paul Schlichtman	47 Mystic St., Apt. 8C Arlington, MA 02474	Loan to Campaign	228.05
Lappen, st.				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	6,658.05